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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 23483 7590 03/02/2012 WILMERHALE/BOSTON Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 60 STATE STREET BOSTON, MA 02109 (Depositor's name (Signature) (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/697,863 10/30/2003 David E. Clapham 110313.135US3 1595 TITLE OF INVENTION: SPERM-SPECIFIC CATION CHANNEL, CATSPER1 AND USES THEREFOR APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE TOTAL FEE(S) DUE PREV. PAID ISSUE FEE DATE DUE nonprovisional XXXXXX \$870 \$300 \$0 06/04/2012 \$1,170 **EXAMINER** ART UNIT CLASS-SUBCLASS WEGERT, SANDRA L 1646 435-069100 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). Wilmer Cutler Pickering (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Hale and Dorr LLP (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Children's Medical Center Corporation Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. KOKIXIN DEXONSKIX MACHECK Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08 - 0219 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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